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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
with Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	011131
First Named Inventor	Kloppner et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	August 28, 2001
Group Art Unit	N/A
Examiner Name	N/A

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTROCHROMIC MEDIUM HAVING A SELF-HEALING  
CROSS-LINKED POLYMER GEL AND ASSOCIATED  
ELECTROCHROMIC DEVICE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


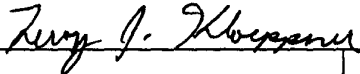
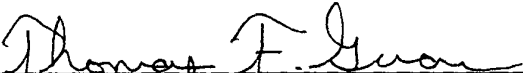
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

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Name										
Address										
City				State		ZIP				
Country			Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname					
Leroy J.					Kloepfner					
Inventor's Signature								Date		
								8/24/01		
Residence: City			Jenison		State		MI		Country US	
Citizenship			US							
Mailing Address 8215 Amelia Drive										
City			Jenison		State		MI		ZIP 49428	
Country			US							
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname					
Thomas F.					Guarr					
Inventor's Signature								Date		
								8/24/01		
Residence: City			Holland		State		MI		Country US	
Citizenship			US							
Mailing Address 14190 Deer Cove										
City			Holland		State		MI		ZIP 49424	
Country			US							
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kevin L.		Ash	
Inventor's Signature <i>Kevin L. Ash</i>		Date <i>8-24-01</i>	
Residence: City <i>Grand Rapids</i>	State <i>MI</i>	Country <i>US</i>	Citizenship <i>US</i>
Mailing Address <i>2540 South Winesap Court N.E.</i>			
Mailing Address			
City <i>Grand Rapids</i>	State <i>MI</i>	ZIP <i>49525</i>	Country <i>US</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kathy E.		Roberts	
Inventor's Signature <i>Kathy E. Roberts</i>		Date <i>8/24/01</i>	
Residence: City <i>East Grand Rapids</i>	State <i>MI</i>	Country <i>US</i>	Citizenship <i>US</i>
Mailing Address <i>1061 Plymouth Avenue S.E.</i>			
Mailing Address			
City <i>East Grand Rapids</i>	State <i>MI</i>	ZIP <i>49506</i>	Country <i>US</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N/A
Filing Date	August 28, 2001
First Named Inventor	Kloeppner et al.
Title	ELECTROCHROMIC...
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	011131

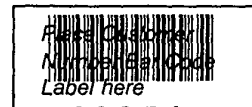
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Leroy J. Kloeppner
Signature	<i>Leroy J. Kloeppner</i>
Date	8/28/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 8 forms are submitted.

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First Named Inventor	Kloepfner et al.
Title	ELECTROCHROMIC...
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Examiner Name	N/A
Attorney Docket Number	011131

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Name	Registration Number
Brian J. Rees	36,648

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### SIGNATURE of Applicant or Assignee of Record

Name

Leroy J. Kloepfner

Signature

*Leroy J. Kloepfner*

Date

8/24/01

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### SIGNATURE of Applicant or Assignee of Record

Name

Thomas F. Guarr

Signature

*Thomas F. Guarr*

Date

8/24/01

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Name

Thomas F. Guarr

Signature

*Thomas F. Guarr*

Date

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### SIGNATURE of Applicant or Assignee of Record

Name

Kevin L. Ash

Signature

Date

8-24-01

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First Named Inventor	Kloepfner et al.
Title	ELECTROCHROMIC...
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Examiner Name	N/A
Attorney Docket Number	011131

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Brian J. Rees	36,648

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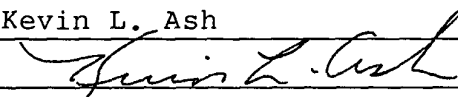
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I am the:

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### SIGNATURE of Applicant or Assignee of Record

Name	Kevin L. Ash
Signature	
Date	8-24-01

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### SIGNATURE of Applicant or Assignee of Record

Name	Kathy E. Roberts
Signature	
Date	8/24/01

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### SIGNATURE of Applicant or Assignee of Record

Name Kathy E. Roberts

Signature 

Date 8/24/01

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